

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 505481

1. Corporation Name

RAINBOW CARPET ONE, INC.

Principal Place of Business

2123 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

Mailing Address

2123 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

P.O. Box 3487

Winter Haven, FL 33885

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 3487

Winter Haven FL

33885

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1976

5. FEI Number

59-1680009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	LEGGETT, FRANK E.	534 HOLLOWAY SHORES DR.	LAKELAND FL 33801
SVD	LEGGETT, ELOISE K.	534 HOLLOWAY SHORES DR.	LAKELAND FL 33801

000023747590
10/13/03--01056--002 **750.00

8. Name and Address of Current Registered Agent

LEGGETT, ELOISE K
2123 E. EDGEWOOD DR.
LAKELAND FL 33803

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Eloise K. Leggett V.P.

Eloise K. Leggett V.P.

REGISTERED AGENT MUST SIGN

Date

10/9/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Eloise K. Leggett V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

863-294-9303

Daytime Phone #

CR20040 (7/03)